

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO

Rob Nash, Individually and as Administrator)	
of the Estate of Laurel Nash, Deceased,)	
)	
)	
Plaintiff,)	
)	Case No.
v.)	
)	
Clear Vista Health and Wellness,)	
Lake Health West Medical Center,)	
Signature Health,)	
Michael R. Rodgers, M.D.,)	
James A. Liggett, D.O.,)	
Rakesh Ranjan, M.D.,)	
Philip Ajlouny, D.O.,)	
Lindsay Kenyon, PA-C,)	
Marissa Salomon, R.N.,)	
Molly Hearn, NPI,)	
Quinn Kucia, LISW-S,)	
Dornice I. Friday,)	
Ikechukwu Anaje, N.P.,)	
Kevin Smith, LSW,)	
Shannon Kelley, LISW,)	
Laura Skufca, A.P.N.,)	
Ashley Macko, QMHS)	
and John Doe Nos. 1-10,)	
)	
)	
Defendants.)	
)	

DECLARATION OF
MEREDITH TORRES

1. I am a Senior Attorney in the General Law Division, Office of the General Counsel, Department of Health and Human Services (the “Department”). I am familiar with the official records of administrative tort claims maintained by the Department as well as with the system by which those records are maintained.

GOVERNMENT
EXHIBIT

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2. The Department has a Claims Office that maintains in a computerized database a record of administrative tort claims filed with the Department, including those filed with respect to federally supported health centers that have been deemed to be eligible for Federal Tort Claims Act malpractice coverage.

3. As a consequence, if an administrative tort claim had been filed with the Department with respect to Signature Health, Inc., its approved delivery sites, or its employees or qualified contractors, a record of that filing would be maintained in the Claims Office's database.

4. I caused a search of the Claims Office's database to be conducted and found no record of an administrative tort claim filed by Rob Nash, Individually and as Administrator of the Estate of Laurel Nash, Deceased, or an authorized representative relating to Signature Health, Inc., Dr. Philip Ajlouny, Shannon Kelley, LISW, Ashley Macko, QMHS and/or Laura Skufca, APN.

5. I have also reviewed official Agency records and determined that Signature Health, Inc. was deemed eligible for Federal Tort Claims Act malpractice coverage effective January 1, 2021 and that its coverage has continued without interruption. The Secretary of Health and Human Services' authority to deem entities as Public Health Service employees under 42 U.S.C. § 233(g) has been delegated to the Associate Administrator, Bureau of Primary Health Care, Health Resources and Services Administration. Copies of the notifications by the Associate Administrator, Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services, to Signature Health, Inc. are attached to this declaration as Exhibit 1.

6. I have also reviewed the employment records submitted by Signature Health, Inc., on behalf of the defendants, Dr. Philip Ajlouny, Shannon Kelley, LISW, Ashley Macko, QMHS and Laura Skufca, APN. I have determined that Dr. Philip Ajlouny, Shannon Kelley, LISW, Ashley Macko, QMHS and Laura Skufca, APN, were employees of Signature Health, Inc. at the time of the incidents giving rise to this suit.

I declare under penalty of perjury that the foregoing is true and correct. 28 U.S.C. § 1746.

Dated at Washington, D.C., this 7th day of May, 2024.



MEREDITH TORRES
Senior Attorney, Claims and Employment Law
General Law Division
Office of the General Counsel

1. ISSUE DATE: (MM/DD/YYYY)

8/28/2020

2a. FTCA DEEMING NOTICE NO.:

1-F00001303-20-01

2b. Supersedes: []**3. COVERAGE PERIOD:**

From: 1/1/2021 Through: 12/31/2021

4. NOTICE TYPE:

Renewal

5. ENTITY NAME AND ADDRESS:SIGNATURE HEALTH, INC.
38879 MENTOR AVE
WILLOUGHBY, OH 44094**6. ENTITY TYPE:**

Grantee

7. EXECUTIVE DIRECTOR:

Jonathan Lee

8a. GRANTEE ORGANIZATION:

SIGNATURE HEALTH, INC.

8b. GRANT NUMBER:

H80CS30718

9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The authorizing program legislation cited above.
- b. The program regulation cited above, and,
- c. HRSA's FTCA-related policies and procedures.

In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.

10. Remarks:

The check box [x] in the supersedes field indicates that this notice supersedes any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.

Electronically signed by Angela Damiano-Holder, Deputy Associate Administrator for Primary Health Care on: 8/28/2020 12:40:54 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION



**NOTICE OF DEEMING ACTION
FEDERAL TORT CLAIMS ACT AUTHORIZATION:**

Federally Supported Health Centers Assistance Act(FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)

GOVERNMENT
EXHIBIT

1

FTCA DEEMING NOTICE NO.:

1-F00001303-20-01

GRANT NUMBER:

H80CS30718



SIGNATURE HEALTH, INC.
38879 MENTOR AVE
WILLOUGHBY, OH44094

Dear Jonathan Lee:

The Health Resources and Services Administration (HRSA), in accordance with the Federally Supported Health Centers Assistance Act (FSHCAA), as amended, sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. §§ 233(g)-(n), deems SIGNATURE HEALTH, INC. to be an employee of the PHS, for the purposes of section 224, effective 1/1/2021 through 12/31/2021.

Section 224(a) of the PHS Act provides liability protection under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2672, or by alternative benefits provided by the United States where the availability of such benefits precludes a remedy under the FTCA, for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by PHS employees while acting within the scope of such employment. This protection is exclusive of any other civil action or proceeding. Coverage extends to deemed entities and their (1) officers; (2) governing board members; (3) full- and part-time employees; and (4) contractors who are licensed or certified individual health care practitioners providing full-time services (i.e., on average at least 32½ hours per week for the entity for the period of the contract), or, if providing an average of less than 32½ hours per week of such service, are licensed or certified providers in the fields of family practice, general internal medicine, general pediatrics, or obstetrics/gynecology. Volunteers are neither employees nor contractors and therefore are not eligible for FTCA coverage under FSHCAA.

This Notice of Deeming Action (NDA) is also confirmation of medical malpractice coverage for both SIGNATURE HEALTH, INC. and its covered individuals as described above. This NDA, along with documentation confirming employment or contractor status with the deemed entity, may be used to show liability coverage for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by PHS employees while acting within the scope of such employment.

In addition, FTCA coverage is comparable to an "occurrence" policy without a monetary cap. Therefore, any coverage limits that may be mandated by other organizations are met.

This action is based on the information provided in your FTCA deeming application, as required under 42 U.S.C. § 233(h), with regard to your entity's: (1) implementation of appropriate policies and procedures to reduce the risk of malpractice and litigation; (2) review and verification of professional credentials and privileges, references, claims history, fitness, professional review organization findings, and licensure status of health professionals; (3) cooperation with the Department of Justice (DOJ) in the defense of claims and actions to prevent claims in the future; and (4) cooperation with DOJ in providing information related to previous malpractice claims history.

Deemed health centers must continue to receive funding under Section 330 of the PHS Act, 42 U.S.C. § 254b, in order to maintain coverage as a deemed PHS employee. If the deemed entity loses its Section 330 funding, such coverage will end immediately upon termination of the grant. In addition to the relevant statutory and regulatory requirements, every deemed health center is expected to follow HRSA's FTCA-related policies and procedures, which may be found online at <http://www.bphc.hrsa.gov>.

For further information regarding FTCA, please contact the Health Center Program Support (Formerly the BPHC Helpline) at 877-464-4772, option 1, or using the [BPHC Contact Form](#).

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks in the FTCA Folder. If you need more information, please contact the BPHC Helpline at 877-974-BPHC (2742); Weekdays from 8:30 AM to 5:30 PM ET.

1. ISSUE DATE: (MM/DD/YYYY) 7/12/2021	
2a. FTCA DEEMING NOTICE NO.: 1-F00001303-21-01	
2b. Supersedes: []	
3. COVERAGE PERIOD: From: 1/1/2022 Through: 12/31/2022	
4. NOTICE TYPE: Renewal	
5. ENTITY NAME AND ADDRESS: SIGNATURE HEALTH, INC. 38879 MENTOR AVE WILLOUGHBY, OH 44094	
6. ENTITY TYPE: Grantee	
7. EXECUTIVE DIRECTOR: Jonathan Lee	
8a. GRANTEE ORGANIZATION: SIGNATURE HEALTH, INC.	
8b. GRANT NUMBER: H80CS30718	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION



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10. Remarks:

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Electronically signed by Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 7/12/2021 9:13:21 AM

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1. ISSUE DATE: (MM/DD/YYYY) 8/15/2022	
2a. FTCA DEEMING NOTICE NO.: 1-F00001303-22-01	
2b. Supersedes: []	
3. COVERAGE PERIOD: From: 1/1/2023 Through: 12/31/2023	
4. NOTICE TYPE: Renewal	
5. ENTITY NAME AND ADDRESS: SIGNATURE HEALTH, INC. 38879 MENTOR AVE WILLOUGHBY, OH 44094	
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7. EXECUTIVE DIRECTOR: Jonathan Lee	
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8b. GRANT NUMBER: H80CS30718	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION



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Electronically signed by Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 8/15/2022 9:13:48 AM

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